



# MID COAST HOSPITAL AUXILIARY

121 Medical Center Drive, Box 3  
Brunswick, Maine 04011  
(207) 373-6015  
MCHA.Scholarships@gmail.com

## Herb Paris Health Career Scholarship Application For Graduating High School Seniors

**DEADLINE: APRIL 15<sup>TH</sup>**

The Mid Coast Hospital Auxiliary raises money through various fundraisers and its Gift Shop at MCH in order to encourage local area students who are interested in the health care field. The Auxiliary awards \$40,000 per year in our renewable Herb Paris Health Career Scholarships. We are not able to fund pre-med majors.

**The applicant must pursue an education at an accredited institution  
and major in a program that will lead to a health-care career.**

**To the Applicant:** Return the following to your high school guidance counselor, leaving sufficient time before the **April 15<sup>th</sup>** deadline for the guidance office staff to process your application:

- 1. **APPLICATION**
- 2. **ESSAY** – described on page 3

**To the Guidance Counselor:** Mail the following to

Mid Coast Hospital Auxiliary  
Attn: Scholarship Committee  
121 Medical Center Drive, Box 3  
Brunswick, ME 04011

- 1. this **application** (completed),
- 2. applicant's **essay**,
- 3. high school **transcript**,
- 4. a letter of **recommendation** from an employer, teacher, guidance counselor, or other mentor who is not a relative.

**All materials are due at the Mid Coast Hospital Auxiliary's Volunteer Services Office by April 15.  
Omissions or late receipt will disqualify the application.**

**Questions?** Email the MCH Auxiliary Scholarship Committee at [MCHA.Scholarships@gmail.com](mailto:MCHA.Scholarships@gmail.com).  
This application may be found online at [www.midcoasthealth.com/scholarships](http://www.midcoasthealth.com/scholarships).

## MCHA's Herb Paris Health Career Scholarship - High School Application

Applicant's name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

" address \_\_\_\_\_ " address \_\_\_\_\_

" phone \_\_\_\_\_ " phone \_\_\_\_\_

" email \_\_\_\_\_ " email \_\_\_\_\_

" occupation \_\_\_\_\_ " occupation \_\_\_\_\_

List your siblings with their names, ages, and if they are currently attending college:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

List total financial aid received or for which you have applied for the upcoming school year:	Applied	Received	Amount
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

List the college, university, or other educational institution you plan to attend.\* Indicate the name of the school and the **mailing address of its financial aid office**.

College/University: \_\_\_\_\_  Accepted?  Pending?

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School website: \_\_\_\_\_

Costs for 1 year: Tuition \$ \_\_\_\_\_ Room & Board \$ \_\_\_\_\_ Books & Required Fees \$ \_\_\_\_\_

Your intended academic major or field of study: \_\_\_\_\_

Your intended degree: \_\_\_\_\_ Intended graduation year: \_\_\_\_\_

Your occupational goal: \_\_\_\_\_

\* Inform the Scholarship Committee immediately if your choice of schools changes. Send an email to [MCHA.Scholarships@gmail.com](mailto:MCHA.Scholarships@gmail.com).

Name of High School: \_\_\_\_\_ Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

Guidance Counselor's name: \_\_\_\_\_ Email: \_\_\_\_\_

Date, time and location of high school's award ceremony at which scholarship award presentations will be made: \_\_\_\_\_

High school organizations, clubs, sports, activities. If you held an office, so indicate. \_\_\_\_\_

Honors and awards. \_\_\_\_\_

Community or volunteer activities. \_\_\_\_\_

Employment History.

<u>Employer</u>	<u>Type of job</u>	<u>Dates</u>

**ESSAY** →

Attach to this application a brief essay explaining why you wish to receive the MCHA Herb Paris Health Career Scholarship. Discuss the course of study or major you intend to pursue, why you chose that, your proposed occupation or profession, and where you see yourself five years after completing your degree or program. Include any other pertinent information which has not been covered elsewhere on this form.

**Attach your essay to this application and ask your Guidance Counselor to finish processing.**

**All materials are due at the Volunteer Services Office by April 15<sup>th</sup>. Omissions or late receipt will disqualify the application.**

To the best of my knowledge, all of the statements and attachments are true.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date